



Nursing Assistant Training Program

ADMISSION REQUIREMENTS & PROCEDURE

1. Be at least sixteen (16) years of age.
2. Submit completed application for admission forms which includes:
 - a. Proof of twelfth grade (12th) education or its equivalent (a high school diploma or a GED equivalent).
 - b. A completed medical examination report which includes, complete physical exam, TB clearance, and required immunizations (MMR, Varicella, Hepatitis B) signed by physician or nurse practitioner.
 - c. Copy of current Driver's License or CA ID and Social Security Card.
 - d. Pay non refundable registration fee of \$75.00.
3. Complete finger print thru Live Scan method arranged by the school.
4. Attend scheduled orientation (see attached schedule).

Revised 5/17/10



Hayward

South San Francisco

LAST NAME: _____ FIRST NAME: _____

Class Start Date: _____ Batch # _____

Orientation Date: _____ Time: _____
(Prior to any new class starting)

Nursing Assistant Training Program Student File Checklist (OFFICE USE ONLY)

ADMISSION REQUIREMENTS:

- _____ \$75 Application Fee
- _____ Application for Admission
- _____ Enrollment Agreement
- _____ Current Driver's License or ID
- _____ Social Security Card
- _____ High School Diploma or GED

Health Screening:

- _____ Physical Exam
- _____ MMR
- _____ Varicella
- _____ PPD 1 _____ Chest X-Ray
- _____ Hepatitis B _____ Waiver

***ORIENTATION FORMS NEED TO
SUBMIT:***

- _____ Live Scan Form
- _____ Nurse Assistant Initial Application
- _____ C.N.A Program Policy Acknowledgements
- _____ List of Penal Codes
- _____ Consent for Release of Information for Employment Verification

COMPLETION:

- _____ CPR Card
- ARC Exam Result
_____ Written _____ Skills
- _____ C.N.A. Transcript
- _____ C.N.A Certificate of Completion

Revised 5.4.11



NURSING ASSISTANT TRAINING PROGRAM GENERAL APPLICATION FOR ADMISSION

 Hayward Campus

 South San Francisco Campus

Name: _____
 Date of Birth: _____ SS#: _____
 Address: _____ City: _____
 State: _____ Zip: _____ PHONE: Cell () _____ Home () _____
 Email Address: _____
 Occupation: _____ Employer: _____ Wk () _____
 Address: _____

Provide 2 Persons Related to you to contact in case of emergency:

1. Name: _____ Relationship: _____
 Address: _____ Tel. # () _____
 Street *City* *State* *Zip*
 Email Address: _____

2. Name: _____ Relationship: _____
 Address: _____ Tel. # () _____
 Street *City* *State* *Zip*
 Email Address: _____

Provide 2 Persons NOT related to you to contact in case of emergency:

1. Name: _____ Relationship: _____
 Address: _____ Tel. # () _____
 Street *City* *State* *Zip*
 Email Address: _____

2. Name: _____ Relationship: _____
 Address: _____ Tel. # () _____
 Street *City* *State* *Zip*
 Email Address: _____

Revised 8/23/06, 3/11/08, 4/9/08, 7/20/09, 10/14/09

Educational Background (Highest Education Attained):

Attended High School _____ High School Diploma/GED _____
Some College _____ Associate/Bachelor's Degree _____
Post College _____

Work Experience (please list beginning with most recent)

Year	Job Title	Occupation/Employer	Duties & Responsibilities

How did you find out about NCP?:

- Friends or Family (please list name) _____
- NCP Student/Graduate _____
- TV Ad (channel?) _____
- Internet: **Yahoo** **Google** **Facebook** **Twitter**
- Newspaper (name) _____
- Faxed/Posted Flyer at Nursing Facility (please list name of facility): _____
- Career Centers _____
- Adult School Ad _____
- Veteran's Office _____
- Other (please be specific): _____

Please list other programs you have attended at NCP _____

I hereby certify all of the above to be true and correct to the best of my knowledge:

Today's Date: _____ Signature of Applicant: _____



NCP Career College

NURSING ASSISTANT TRAINING PROGRAM
ENROLLMENT AGREEMENT

Hayward Campus

(effective August 1, 2011)

Name:
Street Address:
City: State: Zip:
Tel () Mobile No.: ()
Social Security #: Date of Birth: Email:

Total Clock Hours of Instruction: 160 hours
Program Length (in months): 8-10 weeks

Specific Times of Class Attendance:

Day class: Tuesday, Wednesday and Thursday
8:00am - 5:00pm (theory); 7:00am - 3:30pm (clinical)

Evening / Weekend class: Monday and Wednesday; 6:00pm - 10:00pm (theory)
Saturday and Sunday 7:00am - 3:30pm (clinical)

Type of Document Awarded Upon Completion: Certificate of Completion

Start Date: Scheduled Completion Date:

FEES AND CHARGES

Table with 2 columns: Fee/Charge and Amount. Rows include Application Fee (non-refundable) \$ 75.00, Tuition \$ 920.00, CPR 60.00, Uniforms 60.00, Textbooks and Materials 100.00, and TOTAL COST OF THE PROGRAM \$ 1,215.00.

- Tuition and Program fees are subject to change but will not affect students who are already in the program

PAYMENT METHOD AND TERMS OF PAYMENT

Payment of the Nursing Assistant Training Program Fee and application fee is due on the first day of class. If full payment is not received by this date, the student will not be allowed to start class, unless prior payment arrangement has been made with the school's Operations Manager. The training fee for each program can also be made in two (2) installments, i.e. one-half (50%) is due and payable on or before the first day of class and the remaining balance is due on or before the start of the clinical. Failure to pay any balances due will prevent the student from continuance in attending the course of instruction and/or receiving a Certificate of Completion.

The student's payment schedule is as follows:

PAYMENT SCHEDULE

DUE DATE	AMOUNT DUE	AMOUNT PAID	FORM OF PAYMENT	RECEIPT NUMBER	DATE OF PAYMENT
Application Fee <i>(Due upon submission of Application)</i>	\$ 75.00				
NA Program Fee Installment 1 Due: on or before the first day of class	\$ 570.00				
NA Program Fee Installment 2 Due: on or before the start of clinicals	\$ 570.00				
TOTAL	\$ 1,215.00				

TOTAL FEES AND CHARGES

THE TOTAL NURSING ASSISTANT TRAINING PROGRAM FEE AND OTHER CHARGES THAT THE STUDENT IS OBLIGATED TO PAY IS \$ 1,215.00. The undersigned student promises to pay the program fee in full or in two (2) installments according to the incremental schedule as set up above. The student understands that total tuition fee must be completely paid before the student can be cleared of its financial obligation with NCP Career College. Any default of installment payments is in violation of this enrollment agreement and will be the basis for dismissal from the course. The student also understands that any RETURNED CHECKS will be subject to an additional \$35.00 processing fee (*per check*) payable to NCP. Acceptable replacements for any returned check and subsequent installment payments will be in CASH or Money Order or credit card until tuition fee balance is paid in full. Any payments received after the due date will incur a late fee of 5% that is added to your account.

In the event of defaulted payments, the undersigned student will be denied continuance until the remaining balance and any applicable late fee charges are fully paid. Additionally, student will be liable for any and all expenses for recovery of due payments including but not limited to attorney's fees, collection agency fees and other administrative costs.

GROUNDS FOR CANCELLATION/TERMINATION OF ENROLLMENT BY THE SCHOOL

The school will cancel or terminate the Enrollment Agreement with a student if the student's actions or decisions result in any of the following:

- Failure to maintain satisfactory academic progress.

- Failure to maintain satisfactory attendance.
- Failure to comply with the policy relating to ethical behavior.
- Failure to meet financial obligations.
- Violation of any of the conditions as set forth and agreed to in the Enrollment Agreement.

STUDENT'S RIGHT TO CANCEL

The student has the right to cancel this Enrollment Agreement at anytime. Cancellation shall occur when the student gives written notice of cancellation to the school at the address indicated below:

NCP Career College
21615 Hesperian Blvd. Suite A
Hayward, CA 94541
Attn: C.N.A Program Director

The written notice of cancellation, if mailed is effective when deposited in the mail properly addressed with postage prepaid.

For the purpose of determining the time within which a student may cancel the agreement a day is defined as a day on which the student is scheduled to attend a class session. Refunds and fee obligations are determined on the basis of the student's last day of attendance in class. For documentation purposes, the student must put his/her withdrawal or cancellation request in writing and complete the withdrawal process which includes the notification of the Program Director. The processing of all applicable refunds, however, is not contingent upon the student's written request for withdrawal. (See Refund Policy for more details).

REFUND POLICY

Each applicant has the right to cancel/voluntarily terminate the enrollment agreement and obtain refund. All monies paid (minus the application fee) by an applicant will be refunded if requested within three (3) days after signing an Enrollment Agreement and making the initial payment, but prior to first day of class. An applicant requesting cancellation more than three (3) days after signing an Enrollment Agreement and making an initial payment, but prior to first day is school, is entitled to all monies paid minus the application fee and cost of books, if applicable.

If a student wishes to cancel/terminate training, the student should notify the Program Director in writing. Notice may be hand delivered or mailed.

The withdrawal letter may be mailed to:

NCP Career College
21615 Hesperian Blvd. Suite A
Hayward, CA 94541
Attn: C.N.A Program Director

Verbal or telephone withdrawals will not be accepted.

If the student withdraws from a course after instruction has started, the student may receive a refund pro-rated on the number of hours attended by the student. *Refund calculation will be based on the last day of attendance (LDA).*

No refunds will be given if the student has attended more than 60% of the course and the student concerned will still be liable for any tuition due. NCP will also refund any monies collected for sending to a third party (such as American Red Cross testing fees) or grant monies received on the student's behalf from third parties such as, WIA, NOVA, and etc. according to each respective agreement.

Please note that books purchased are not returnable and non refundable.

The school will automatically initiate a withdrawal for a student who has not notified the school of his/her withdrawal or attended school for three consecutive days and will issue a refund within 30 days prorated from the last date of attendance not equal to or exceeding 60%. The student will be considered withdrawn from the program.

A written notification of withdrawal is not a requirement for payment of the refund .

All refunds will be paid within 30 days from receipt of cancellation or withdrawal.

EXAMPLES OF CALCULATION OF REFUNDS:

1. If a student withdraws after the completion of 10% of the course of instruction, NCP will refund 90% of the total charges for the course less the application fee, testing fee, books and other training materials. If a full payment is received prior to withdrawal, calculation of the refund is computed as follows:

Tuition Fee Package & Application Fee		\$1,215.00
Less: Application Fee (non-refundable)	\$ 75.00	
Books, CPR, Uniforms, Materials	\$ 220.00	(295.00)
Balance Remaining		\$920.00

Therefore: $90\% \times \$ 920.00 = \$ 828.00$ Refund Due

2. If a student withdraws after completion of 25% of the course, NCP will refund 75% of the total charge for the course less the application fee, testing fee, books and other training materials.
3. If a student withdraws after completion of **up to 60%** of the course, NCP will refund 40% of the total charge for the course less registration fee, testing fee, books and other training materials.
4. No refunds will be given if a student has attended more than 60% of the course. Books, other training materials, and uniforms are not refundable.

Fees paid with personal check(s) will need to be cleared first before refunds can be processed. The check clearance usually takes thirty days. The prorated calculation of the refund will start from the last date of the student's attendance.

The school will issue the student a receipt for any money collected or refunded.

NCP will also refund any monies received from third parties (e.g. Sallie Mae, WIA, NOVA, etc.) on behalf of the student and according to the agreement(s) each party made with the student.

NCP reserves the right to cancel a class due to insufficient enrollment. If this occurs, the student will be issued a full refund of all monies paid unless the student elects to apply all monies paid to the next scheduled class start date. In such a case, the student is issued a credit memo stating that he/she has the money in his account with the school.

THE STUDENT TUITION RECOVERY FUND (STRF)

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by California residents who were students attending schools approved or registered to offer Short-term Career Training with the former Bureau for Private Postsecondary and Vocational Education.

Students are eligible for STRF if they are California residents, and they prepaid their tuition, the STRF fee, and suffered an economic loss as result of any of the following:

1. The school closed before the course was completed.
2. The school failed to pay refunds or charges on behalf of the student to a third party for license fees or other charges and/or to provide equipment or materials for which a fee was collected within 180 days before the closure of the school.
3. The school failed to pay or reimburse loan proceeds in excess of tuition and other charge under a federally-guaranteed student loan program
4. The school breached the agreement for the course of instruction.
5. As determined by the former Bureau of Private Post Secondary and Vocational Education, there was a decline in the quality of instruction thirty days prior to school closure.
6. The school committed fraud during the recruitment or enrollment in the program by the student.

Students may also be eligible for STRF if they were students who were unable to collect a court judgment against the school for violation of the Private Postsecondary and Vocational Education Reform Act of 1989.

DISCLAIMER OF EMPLOYMENT GUARANTEE

Although the students are given career and employment advisements and assistance, the school does not guarantee their employment once they have successfully completed their training

CONDITIONAL ITEMS

DELAY OF SCHEDULED STARTING DATE

NCP reserves the right to cancel a class due to insufficient enrollment. The student is given the option (1) to enroll in a class available in the branch campus, or (2) to wait until the next rotation. If the student chooses neither, he/she will be issued a full refund of all monies paid unless the student elects to apply all monies paid to the next scheduled class start date. In such a case, the student is issued a credit memo stating that he/she has the money in his account.

CHANGES IN PROGRAM CONTENT AND MATERIALS

NCP reserves the right to change or modify the program contents, equipment, or materials as it deems necessary. Such changes may be necessary to keep pace with technological advances and to improve the schools learning resources. Such changes will not diminish the essentials or content of any program or result in any additional charges to the student.

SPECIAL GRADUATION REQUIREMENTS

A student must meet the following requirements to qualify for graduation and receive the Certificate of Completion of the Nursing Assistant Training Program:

- Achieve a cumulative grade of "C" or higher in theory classes and a passing grade (P) in practicum
- Attend at least 90% of the required clock hours of the program
- Comply with the policy on ethical behavior
- Satisfy all financial obligations to the school
- Complete all course requirements (tests, assignments, projects, attendance make-up, remediation)
- Complete the program within 1.5 times its normal length.

No student will be allowed to join the commencement exercises on graduation without having completed all of the above.

ADJUSTMENT OF TUITION RATES

The school reserves the right to adjust tuition rates prior to the start of any program for new enrollees. There will be no tuition rate adjustments after a program has started. The tuition rate adjustments for new enrollees will not affect the students who are already in the program.

IMPORTANT NOTICE TO THE STUDENT

THIS AGREEMENT IS A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY THE SCHOOL. YOUR SIGNATURE ON THIS AGREEMENT ACKNOWLEDGES THAT YOU HAVE BEEN GIVEN REASONABLE TIME TO READ AND UNDERSTAND IT, AND THAT YOU HAVE BEEN GIVEN: (A) A WRITTEN STATEMENT OF THE REFUND POLICY AND HOW IT APPLIES; (B) A CATALOG INCLUDING A DESCRIPTION OF THE COURSES AND EDUCATIONAL SERVICES, (C) AN EXPLANATION OF ALL POLICIES RELATED TO ACADEMICS, ATTENDANCE, AND ETHICAL BEHAVIOR AS WELL AS ALL FACTS CONCERNING THE SCHOOL AND THE PROGRAM OF INSTRUCTION WHICH ARE LIKELY TO AFFECT YOUR DECISION TO ENROLL. *YOU WILL BE GIVEN A COPY OF THIS ENROLLMENT AGREEMENT FOR YOU TO RETAIN.*

THIS AGREEMENT IS NOT EFFECTIVE UNTIL YOU HAVE MADE A TOUR OF THE INSTITUTION, SIGNED THIS AGREEMENT WITH AN NCP OFFICIAL, AND ATTENDED THE ORIENTATION OR THE FIRST DAY OF INSTRUCTION.

YOUR SIGNATURE BELOW CERTIFIES THAT YOU HAVE RECEIVED AN EXPLANATION AND COPIES OF ALL THE ABOVE, HAVE TOURED THE SCHOOL FACILITIES AND HAVE READ, UNDERSTOOD, AND AGREED TO ABIDE BY THE TERMS OF THIS ENROLLMENT AGREEMENT

"ANY QUESTIONS OR PROBLEMS CONCERNING THE SCHOOL WHICH HAVE NOT BEEN SATISFACTORILY ANSWERED OR RESOLVED BY THE SCHOOL SHALL BE DIRECTED TO:
(Ed. Code §94800)"

California Department of Public Health
Licensing and Certification
P.O. Box 997377, MS 3000
Sacramento, California 95899-7377
Telephone General: (916) 552-8700
Toll-Free General: (800) 236 9747

STUDENT ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND RECEIVED A COPY OF THIS CONTRACT AND THE SCHOOL CATALOG.

I CERTIFY THAT I WILL NOT HOLD NCP OR ANY OF NCP'S AFFILIATED HOSPITALS OR CLINICAL FACILITIES LIABLE FOR ANY CONSEQUENCES OF MY ACT(S) OR DECISIONS WHICH ARE IN VIOLATION OF THIS ENROLLMENT AGREEMENT..

Signature of Student

Date

I CERTIFY THAT THE NCP CAREER COLLEGE HAS MET THE DISCLOSURE REQUIREMENTS OF EDUCATION CODE 94312 OF THE PRIVATE POST SECONDARY AND VOCATIONAL REFORM ACT OF 1989.

Signature of School Official

Date

Title

ARBITRATION AGREEMENT

ANY DISPUTE ARISING FROM ENROLLMENT AT *NCP CAREER COLLEGE/DBA NURSING CARE PROVIDERS, INC.*, NO MATTER HOW DESCRIBED, PLEADED OR STYLED, SHALL BE RESOLVED BY BINDING ARBITRATION UNDER THE FEDERAL ARBITRATION ACT CONDUCTED BY THE AMERICAN ARBITRATION ASSOCIATION ("AAA") AT *SOUTH SAN FRANCISCO, CALIFORNIA*, UNDER ITS COMMERCIAL RULES. ALL DETERMINATIONS AS TO THE SCOPE, ENFORCEABILITY OF THIS ARBITRATION AGREEMENT SHALL BE DETERMINED BY THE ARBITRATOR, AND NOT BY A COURT. THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED IN ANY COURT HAVING JURISDICTION.

Student's Initial _____

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSE WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED THE AMOUNT PAID BY THE DEBTOR HEREUNDER.

ADDENDUM

Agreement to Binding Arbitration and Waiver of Jury Trial

I, _____ - agree that any dispute arising from my enrollment at

NCP Career College/dba Nursing Care Providers, Inc. no matter how described, pleaded or styled, shall be resolved by binding arbitration under the substantive and procedural requirements of the Federal Arbitration Act, conducted by the American Arbitration Association ("AAA") at South San Francisco, California, under its Commercial Rules. All determinations as to the scope, enforceability and effect of this arbitration agreement shall be decided by the arbitrator, and not by a court. The award rendered by the arbitrator may be entered in any court having jurisdiction.

I. Terms of Arbitration

1. Both Student and the School irrevocably agree that any dispute between them shall be submitted to Arbitration.
2. Neither the student nor the School shall file or maintain any lawsuit in any court against the other, and agree that any suit filed in violation of this Agreement shall be dismissed by the court in favor of an arbitration conducted pursuant to this Agreement.
3. The costs of the arbitration filing fee, arbitrator's compensation and facilities fees will be paid by the School, to the extent these fees are greater than a Superior Court filing fee.
4. The Arbitrator's decision shall be set forth in writing and shall set forth the essential findings and conclusions upon which the decision is based.
5. Any remedy available from a court under the law shall be available in the arbitration.

II. Procedure for Filing an Arbitration

1. Students are strongly encouraged, but not required, to utilize the Grievance Procedure described in the Catalog, prior to filing an arbitration.
2. A student desiring to file an arbitration should first contact the School Director, who will provide the student with a copy of the AAA Commercial Rules. A student desiring to file an arbitration should then contact the American Arbitration Association at South San Francisco, California, which will provide the appropriate forms and detailed instructions. The student should bring this form to AAA.
3. A student may, but need not, be represented by an attorney at the Arbitration.

III. Acknowledgement of Waiver of Jury Trial and Availability of AAA Rules

By my signature below, I acknowledge that I understand that both the school and I are irrevocably waiving rights to a trial by jury, and are selecting instead to submit any and all claims to the decision of an arbitrator instead of a court. I understand that the award of the arbitrator will be binding, and not merely advisory.

I also acknowledge that I may at any time, before or after my admission, obtain a copy of the rules of the American Arbitration Association, at no cost, from the School Director.

Signature of Student _____ Dated: _____

Signature of School Official _____ Dated: _____

CONVICTION OF PENAL CODE SECTION WHICH CONSTITUTE AUTOMATIC DENIAL/REVOCAION

If they have been convicted of any of the penal codes listed, CNA/HHA applicants will be automatically denied certification or ICF/DD, DDH, or DDN applicants will be denied employment.

All CNA/HHA applicants should review this list carefully to avoid wasting their time, effort and money by training, testing and submission of fingerprints since they cannot receive the required criminal background clearance if they have been convicted of any of these violations.

Section

- 187 Murder
- 192(a) Manslaughter, Voluntary
- 203 Mayhem
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper
- 210.5 False imprisonment
- 211 Robbery (Includes degrees in 212.5 (a) and (b))
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.4 Sexual battery (Includes degrees (a) - (d))
- 245 Assault with deadly weapon, all inclusive
- 261 Rape (Includes degrees (a)-(c))
- 262 Rape of spouse (Includes degrees (a)-(e))
- 264.1 Rape or penetration of genital or anal openings by foreign object
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of female under 18
- 266a Taking person without will or by misrepresentation for prostitution
- 266b Taking person by force
- 266c Sexual act by fear
- 266d Receiving money to place person in cohabitation
- 266e Placing a person for prostitution against will
- 266f Selling a person
- 266g Prostitution of wife by force
- 266h Pimping
- 266i Pandering
- 266j Placing child under 16 for lewd act
- 266k Felony enhancement for pimping/pandering
- 267 Abduction of person under 18 for purposes of prostitution
- 273a Willful harm or injury to a child; (Includes degrees (a)-(c))
- 273d Corporal punishment/injury to a child (Includes degrees (a)-(c))

Section

- 273.5 Willful infliction of corporal injury (Includes (a)-(h))
- 285 Incest
- 286(c) Sodomy with person under 14 years against will
 - (d) Voluntarily acting in concert with or aiding and abetting in act of sodomy against will
 - (f) Sodomy with unconscious victim
 - (g) Sodomy with victim with mental disorder or developmental or physical disability
- 288 Lewd or lascivious acts with child under age of 14
- 288a(c) Oral copulation with person under 14 years against will
 - (d) Voluntarily acting in concert with or aiding and abetting
 - (f) Oral copulation with unconscious victim
 - (g) Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child (Includes degree (a))
- 289 Penetration of genital or anal openings by foreign object (Includes degrees (a)-(j))
- 289.5 Rape and sodomy (Includes degrees (a) and (b))
- 368 Elder or dependent adult abuse; theft or embezzlement of property (Includes (b)-(f))
- 451 Arson (Includes degrees (a)-(e))
- 459 Burglary (Includes degrees in 460 (a) and (b))
- 470 Forgery (Includes (a)-(e))
- 475 Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares (Includes degrees (a) - (c))
- 484 Theft
- 484b Intent to commit theft by fraud
- 484d-j Theft of access card, forgery of access card, unlawful use of access card
- 487 Grand theft (Includes degrees (a)-(d))
- 488 Petty theft
- 496 Receiving stolen property (Includes (a)-(c))
- 503 Embezzlement
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

NOTE: Convictions for the above-listed Penal Code Sections constitute an automatic denial or revocation of a certificate by ATCS (**Aide and Technician Certification Section**) without due process.

Certification of applicants with convictions on this list **MAY** be reconsidered by ATCS only if misdemeanor actions have been dismissed by a court of law or a Certificate of Rehabilitation has been obtained for felony convictions. Any other convictions, other than minor traffic violations, must also be reviewed by the ATCS.



**CNA PROGRAM HEALTH RECORD REQUIREMENTS
Hayward Campus**

1. All students enrolled in NCP Career College **Nursing Assistant Program** are required to submit the complete and current health record report to the administrative office. The completed current health record report is ideally submitted on orientation day. However, if this is not possible, the student will be given an allowance of up to two weeks before clinical orientation to complete their health record.
2. A student can only go to clinical if the following are ALL up to date (health requirements are valid for one year unless indicated):
 - a. Physical exam
 - b. PPD Skin Test (TB Test)
 - a. If positive:
 - i. Need a negative chest x-ray result
 - ii. No need to renew positive PPD after one year
 - b. If negative:
 - i. No need for chest x-ray
 - ii. Need to renew every year
 - c. Initial Chest x-ray **if PPD is positive. An updated or new chest x-ray can be waived only if** one of the following is provided:
 - i. a note from the physician is provided **that the student is not exhibiting any signs of active TB, OR**
 - ii. a note from the physician is provided **that the student is taking TB medication as a preventive measure and is negative for active disease**
 - iii. a note from the physician stating that X-ray at this time is not appropriate for the student due to health reasons
 - d. Annual Symptom Review signed by the physician.
3. All students should submit a positive titer (immunity) or vaccination against MMR (Measles, Mumps, and Rubella), Varicella (Chicken Pox), and Hepatitis B.
4. Not meeting these requirements will result in suspension from clinical until student is in compliance. These missed clinical days will be considered absence and will need to be made up per policy. The resulting absences may result in a probationary status.



HEALTH RECORD REPORT FOR C.N.A. STUDENT
Hayward Campus

Student Name: _____

I.D. #: (SS #) _____ Date of Birth: _____

Please have the examiner (MD, or FNP) fill-out the information requested in each area. In some cases only a MD may verify treatment or medical clearance to participate in the Nursing Program. Turn in completed form to NCP administrative office on the first day of class.

This form is designed to be used in conjunction with the Baseline Medical History to evaluate an applicant's qualification.

Please Circle: Male Female

Date of Examination: _____

Height: _____ Weight: _____ Hearing Test Results: _____

Pulse: _____ / min. RE/IRR: _____ Blood Pressure: _____ / _____

Visual Acuity: Visual Acuity with corrective lens:

Right Eye _____ Left Eye _____ Right Eye _____ Left Eye _____

Table with 4 columns: CHECKLIST, NORMAL, ABNORMAL, Detailed Description of Abnormal Findings. Rows include HANDS/SKIN, HEAD/EYES, Ear/Nose/Throat/Mouth, NECK/NODES, CHEST/LUNGS, CARDIOVASCULAR, ABDOMEN, MUSCULOSKELETAL, NERVOUS SYSTEM.

I. MMR

Vaccination date(s) _____,
(if vaccinated before 1967, a second vaccine is required)

OR

Measles blood serum Antibody titer:	<i>Date of titer</i> _____	<i>Result</i> _____
Mumps blood serum Antibody titer:	<i>Date of titer</i> _____	<i>Result</i> _____
Rubella blood serum Antibody titer:	<i>Date of titer</i> _____	<i>Result</i> _____

II. Varicella

Varicella vaccination dates (2 doses of Varivax, 4 to 8 weeks apart are recommended for adults)

OR

Varicella serum Antibody titer: *Date of titer* _____ *Result* _____

III. PPD Skin Test (TB Test) *Date tested* _____ *Result* _____

If **POSITIVE Skin Test**, a medical physician must enter in the following information:

Date of Chest X-Ray _____ (*within the Past Year*) *Result* _____

Has this patient been prescribed any Chemotherapy to treat TB? What medications are prescribed and what is the prescription regimen? _____

IV. Hepatitis B

A) Hepatitis B Vaccine: *Date of #1* _____
Date of #2 _____ (*1 month after 1st injection*)
Date of #3 _____ (*6 months after 1st injection*)

B) Hepatitis B blood serum Antibody titer: *Date of titer* _____ *Result* _____

C) Waiver for Hepatitis B Vaccine (see page 6): *Date signed* _____

Are there any current conditions that would in any way limit this person's participation in the Nursing Program?

A) If yes to above, please state those conditions

B) Please state any accommodations necessary for the above condition.

BASELINE MEDICAL HISTORY

Student Name: _____ Age: _____
 Date of Birth: _____
 Home Address: _____
 Social Security #: _____ Tel. #: _____

Have you ever had or do you have any of the following? (Check "YES" or "NO")

	YES	NO
1. Severe headaches	_____	_____
2. Head Injury	_____	_____
3. Hearing Loss or ear trouble	_____	_____
4. Hay Fever	_____	_____
5. Allergies	_____	_____
6. Chronic cough	_____	_____
7. Shortness of breath	_____	_____
8. Asthma	_____	_____
9. Heart trouble	_____	_____
10. High blood pressure	_____	_____
11. Rheumatic Heart	_____	_____
12. Stomach or duodenal cancer	_____	_____
13. Gallbladder trouble	_____	_____
14. Rupture (hernia)	_____	_____
15. Kidney trouble	_____	_____
16. Dislocation of joints	_____	_____
17. Broken bones	_____	_____
18. Bone or joint problems	_____	_____
19. Rheumatism or Arthritis	_____	_____
20. Back pain	_____	_____
21. Knee injury	_____	_____
22. Varicose Veins	_____	_____
23. Skin problems/chronic rash	_____	_____
24. Nervous Disorders	_____	_____
25. Fainting spells	_____	_____
26. Epilepsy	_____	_____
27. Complications from childhood	_____	_____
28. Diabetes	_____	_____
29. Tuberculosis	_____	_____
30. Cancer	_____	_____
31. Tumor	_____	_____
32. Yellow Jaundice	_____	_____
33. Anemia	_____	_____
34. Are you at present under a doctor's care for any condition?	_____	_____
35. Are you taking any medication at this time?	_____	_____
36. Date of last chest x-ray Results: _____	_____	_____
37. Are you presently using illegal drugs?	_____	_____
38. Have you ever had any operations? If yes, list name and date of operation(s)	_____	_____
39. Have you had any illness or injury since your last examination?	_____	_____

DETAILS OF ALL "YES" ANSWERS ABOVE:

I certify that the above answers are complete and accurate to the best of my knowledge.

SIGNATURE

DATE



TUBERCULOSIS MEDICAL SURVEILLANCE SURVEY

Student Name: _____

Social Security # _____ Date: _____

NCP Career College is dedicated to providing a healthy and safe training site. Your early completion of your TB screening is appreciated!

Have you ever had a positive skin test for Tuberculosis (TB)? Yes No

If yes, when? Date _____ Mm induration _____

What medication was it treated with? INH _____ Other _____
 Begin date _____ End date _____

Your last recoded tuberculosis medical surveillance was _____.

Questionnaire:

Since completion of your last questionnaire, have you:

- 1. Had a chronic (recurrent) cough? Yes ___ No ___
- 2. Had unexplained, recurrent fevers? Yes ___ No ___
- 3. Had recurrent night sweats? Yes ___ No ___
- 4. Coughed or spit up blood? Yes ___ No ___
- 5. Had any unexplained weight loss? Yes ___ No ___
- 6. Had unexplained chronic fatigue? Yes ___ No ___
- 7. Been advised you are immunosuppressed for any reason? Yes ___ No ___

The above answers are true to the best of my knowledge.

Signed: _____ Date: _____ Phone: () _____

Student's Signature

Verified: _____ Date: _____ Phone: () _____

Physician/Nurse



RELEASE OF LIABILITY STATEMENT FOR HEPATITIS B VACCINATION

To Whom It May Concern:

I am a student participating in clinical experience at NCP Career College & Affiliated Clinical Sites.

I have received education by NCP Career College regarding the risks posed by Hepatitis B Vaccine. I understand that in recognition of this risk, NCP Career College has recommended that I obtain immunization against this disease, if I do not already have immunity to it.

After due consideration, I have declined obtaining immunization against this disease. I fully understand the risks involved in making this decision, and understand the possibility of exposure in a hospital environment. In recognition of this risk, I agree to hold NCP Career College & Affiliated Sites and its medical and hospital staff harmless in the event I contract this disease.

Students Signature

Date

Student Name (Printed)

Date

Witness

Date

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A1226 Type of Application: Certification
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Agency Address Set Contributing Agency:

Department of Health Services, L&C
Agency authorized to receive criminal history information

03314
Mail Code (five-digit code assigned by DOJ)

1615 Capitol Avenue, MS 3301, P.O. Box 997416
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95899-7416
City State Zip Code

()
Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box _____

Mail Code (five digit code assigned by DOJ) _____

City State Zip Code _____

()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

**CALIFORNIA
SYLVAN/IDENTRIX LIVE SCAN FINGERPRINTING SITES**

<u>Area</u>	<u>Address</u>	<u>Days/Hours</u>
<u>Northern</u>		
Chico	520 Cohasset Rd. Ste 6, Chico 95926	M&Tu/10-4
Fairfield/Suisun	421 Executive Ct North, Suisun 94585	M&W/10-4
Fresno	770 E. Shaw, Ste 300A, Fresno 93710	M-F/9:30-4:30
Napa	5 Financial Plaza, Ste 224, Napa 94558	F/10-4
Rohnert Park	101 Golf Course Rd, Ste A225, Roh Park 94928	M-F/9-4
Sacramento	2525 Natomas Park Dr, Sacramento 95833	M-F/9-4
Stockton	510 E. Magnolia, Ste 3, Stockton 95202	M,W,Th/9-4

Northern Mobile Units

Red Bluff	645 Antelope Blvd, Ste 30, Red Bluff 96080	Tues/9-4
Redding	1427 Market St, Redding 96001	M&Th/9-4
Siskiyou	170 Boles Street, Weed 96094	Wed/9-4

Central Coast

Oakland	1515 Clay St, 11 th Floor, Oakland 94612	M-F/9-4
San Bruno	851 Traeger Ave, Ste 360, San Bruno 94066	M,W,F/9-4
San Jose	111 N. Market St, Ste 300, San Jose 95111	M-F/9-4
San Francisco	SF P.D., 850 Bryant St. Rm 475, SF 94103	M-F/10-11 pm
	445 Church St., 1 st fl, S. F. 94114	M-F/9-4
Santa Barbara	351 S. Hitchcock B130, Santa Barbara 93105	Tu/8-4:30 W/8-12:30 Thurs/8-1

Los Angeles

Bakersfield	2000 24 th St., Bakersfield 93301	M&W/9-4 Th/11-7
Culver City	6167 Bristol Pkwy #400, Culver City 90230	M-F/8-3
Long Beach	210 E. Ocean Blvd, Long Beach 90802	M/11-7 T&W/8-3
Los Angeles	650 W. Adams Blvd, Ste 100, L.A 90007	M-F/9-4
	LA SW Coll, 2600 Imperial Hwy #425, LA 90047	M-F/9-4
Monterey Park	1000 Corporate Ctr Dr, Ste 200A, Mont Park 91754	M-F/9-4
Woodland Hills	21731 Ventura Blvd., Ste 250, Wood. Hills 91364	M-F/9-4

Southern

Orange	750 The City Dr, Ste 250, Orange 92868	Tu/8-4:30 W/8-2:30 Th/12:30-4:30
Riverside	770 The City Dr, Ste 7100, Orange 92861	M-F/9-4
San Bernardino	3737 Main St, Ste 700, Riverside 92501	M-F/9-4
San Diego	San Bernardino, 144 N. Mt. View, SB 92-08	M-F/9-4
	7575 Metropolitan Dr, Ste 110, S.D. 92108	M-F/9-4
	3333 Camino Del Rio S. #310, S.D. 92108	M-F/9-4
San Marcos	150 Valpreda Rd, Ste 201, San Marcos 92069	M-F/8-3

San Bernardino County Mobile Units

Barstow	1300 E. Mt. View Ave, Barstow 92311	T&Th/9-4
Fontana	7977 Sierra Ave, Fontana 92335	T&Th/9-4
Hesperia	9655 9 th Avenue, Hesperia 92345	M,W,F/9-4
Rancho Cucamonga	10825 Arrow Route, Rancho Cuca. 91733	M,W,F/9-4

THESE LOCATIONS ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION

Please call 800-315-4507 to obtain scheduling availability at any location and cost of the service.